



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

WRIGHT W SINGLETON MD
121 N E LOOP 820 SUITE 100
HURST TX 76053

Carrier's Austin Representative Box

Box Number 42

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Date Received

November 28, 2011

MFDR Tracking Number

M4-12-0986-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The correct modifier was used."

Amount in Dispute: \$1,300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this dispute.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 21, 2011	99456-W5	\$350.00	\$0.00
	99456-W5	\$300.00	\$0.00
	99456-W5	\$150.00	\$0.00
	99456-W8	\$500.00	\$0.00
TOTAL		\$1,300.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason code:

Explanation of benefits dated July 6, 2011

- 4 – (4) – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- 16 – (16) – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.

Explanation of benefits dated November 16, 2011

- 4 – (4) – THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING.
- BL – THIS BILL IS A RECONSIDERATION OF A PREVIOUSLY REVIEWED BILL. ALLOWANCE AMOUNTS DO NOT REFLECT PREVIOUS PAYMENTS.

Issues

1. Has the Requestor billed with correct modifiers for these types of services?
2. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code §134.204?

Findings

1. The requestor submitted a bill for the Designated Doctor Examination Maximum Medical Improvement/Impairment Rating examination services using CPT code 99456-W5 and CPT code 99456-W8 for a Return to Work evaluation. The respondent denied the billing on the audit dated July 6, 2011 with denial reason code “16”. It is shown that upon subsequent submission of the billing that the carrier did not maintain denial reason code “16” on the re-audit dated November 16, 2011. The Division will review the billing according to applicable fee guidelines in 28 Texas Administrative Code §134.204.

CPT code 99456-W5 required a “WP” as an additional modifier for multiple impairment ratings.

Per 28 Texas Administrative Code §134.204 states in part (j)(4)(C)(iii)

(4) The following applies for billing and reimbursement of an IR evaluation.

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(iii) If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with modifier ‘WP.’ Reimbursement shall be 100 percent of the total MAR.

CPT code 99456-W5 required a “RE” as an additional modifier for multiple impairment ratings.

Per 28 Texas Administrative Code §134.204 states in part (k)

(4) The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier ‘RE.’ In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination.

2. Review of the submitted documentation supports that the Division ordered the examinations, yet any reimbursement methodology allowance per 28 Texas Administrative Code §134.204 for individual services was contingent upon the use of the modifiers explained in the entire rule. The medical bills submitted by the requestor for review does contain CPT codes that do not reflect that the appropriate modifiers were applied according to the rule, therefore, reimbursement is disallowed.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	July 20, 2012 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.